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| Case Number: | CM14-0053363 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 01/31/2011 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 04/14/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53 years old male with an injury date on 01/31/2011. Based on the 03/20/2014 hand written progress report provided by [REDACTED], the diagnoses are: 1. S/p left inguinal hernia repair 2. Lumbar radiculopathy 3. Left pelvic pain According to this report, the patient complains of "pain in pelvis-sitting increase pain." Patient is 3 month S/P left inguinal hernia repair. Objective finding indicates pain is not due to hernia, (-) sign of infection. Subjective and objective findings of the lumbar spine were not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 04/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/22/2013 to 03/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy x 8 visits, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 130.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98, 99.

Decision rationale: According to the 03/20/2014 report by the attending physician, this patient presents with "pain in pelvis-sitting increase pain" from post left inguinal hernia repair. The treating physician is requesting 8 sessions of physical therapy visits for the lumbar spine. The utilization review denial letter states "modification of this request to 2 session of PT for the purpose of HEP instruction." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms but there is no such discussion. The treating physician does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. Therefore, the request is not medically necessary.

Acupuncture x 8 visits, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127..

Decision rationale: According to the 03/20/2014 report by attending physician, this patient presents with "pain in pelvis-sitting increase pain" from post left inguinal hernia repair. The treating physician is requesting 8 sessions of acupuncture for the lumbar spine. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. Review of reports do not show any prior acupuncture reports and it is not known whether or not the patient has had acupuncture in the past. In this case, the requested 8 sessions of acupuncture exceeds what is allowed by the guidelines. Therefore, the request is not medically necessary.

Back Surgeon referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, Consultations.

Decision rationale: According to the 03/20/2014 report by the attending physician, this patient presents with "pain in pelvis-sitting increase pain" from post left inguinal hernia repair. The treating physician is requesting Back surgeon referral. The utilization review denial letter states "there is no evident that the claimant is likely to require back surgery." Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a

diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there were no exam findings, no discussion regarding any imaging studies, no reasons provided for the request. Therefore, the request is not medically necessary.